

A16000000041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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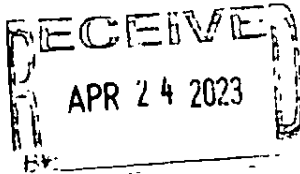
MAIL

(Business Entity Name)

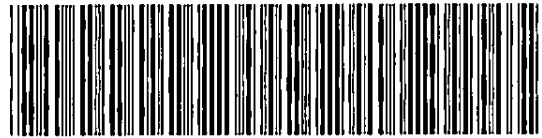
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

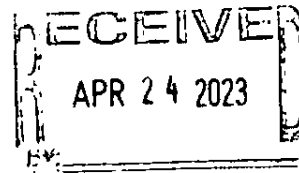
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S. C. ATENGA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CC MEDICAL INVESTMENTS LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A16000000041

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PHILIP JOSEPHSON

Contact Person

STERLING BUSINESS LAW

Firm/Company

3250 GRAND AVENUE, SUITE 202

Address

MIAMI, FL 33133

City, State and Zip Code

pjosephson@sterlingbusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP JOSEPHSON

at ( 305 ) 2857970

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CC MEDICAL INVESTMENTS LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/14/2016 3. A16000000041  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

STERLING BUSINESS LAW  
Name  
2665 S. BAYSHORE DRIVE, PH2B  
Address  
MIAMI, FL 33133  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

IMBER & COMPANY, P.A.  
Name  
6100 HOLLYWOOD BLVD., STE. 515  
Florida street address (P.O. Box not acceptable)  
HOLLYWOOD FL 33024  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00 ✓  
Certified Copy (optional): \$52.50

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